The Path to Excellence focused event on stroke healthcare services on Wednesday 19th July and was attended by 23 people and there were 4 tables in the room for facilitated discussions.

If a comment is said with a positive sentiment a + has been used and if it is said with concern or negativity a – sign was used, for a neutral comment a = sign was used.

If you have any concerns or feel anything was missed from your table please contact us via email at: nhs.excellence@nhs.net and we will investigate this further for you.

Questions from the room

Model

- Wouldn't it have been better to improve the training in A&E at STFT to recognise and treat stroke sooner?
- Take option 2 and 3 – why can't Sunderland consultants rotate to STFT to support repatriation?
- Capacity – SRH big enough to cope with all the proposed increases in service?
- How will the new facilities in the emergency department at Sunderland benefit all stroke patients?
- Strokes happen to younger people too, what option would give them the optimum outcome?
- Will people who suffer a stroke whilst as an inpatient at South Tyneside be urgently transferred to Sunderland?
- If option 2 and 3 are not as good a service as option 1 – why are we considering them?
- The document alludes to '7 day working' being a gold standard and that SRH are offering this via their therapy staff. Will there be additional resources made available to offer this service? As currently the core 5-day service is being spread thinly with no extra staff to cover this, impacting in a reduction in therapy input during the week.
- Who has calculated the savings/funding on pages 48/49? Option 1, £510k saving option 2 and 3, £431k spend. Can you explain them?
- How have the savings been calculated in option 1? And how are both option 2 and 3 costing at £431k?
- Wording suggests option 1 has been decided, and if this is best why is there an option 2 and 3?

Temporary model

- Since the temporary transfer of hyper-acute/acute stroke care was moved to Sunderland what difference has this made to the outcomes of the patients?
- How much patient contact time would be lost if the staff (all bands) had to divide their time between Sunderland and South Tyneside?
- There is a heavy bias towards Sunderland stroke services on the panel – why is this? Were staff from South Tyneside invited to be on the panel?
- Is the rehabilitation unit coping with the increase in patients?
- How can the issue of non-compatible computer systems for medical notes/handovers be improved? Current system is not particularly efficient.

- Why – if there is an option to provide consultant cover at South Tyneside re options 2 and 3 – why, was this not trialled initially instead of the upheaval of relocating South Tyneside unit to Sunderland?
- How many stroke patients have been diverted back from Sunderland to South Shields since the 'temporary move' took place?

Therapy Services

- Who, in terms of therapy staff, have been consulted with over the proposals in each unit?
- Sunderland has a large established discharge service with good liaison with the locality integrated teams and third sector organisations. Does South Tyneside have an equivalent service?
- What do you base the statement upon that, "there are not enough therapists to provide specialist care at South Tyneside"? There was a fully staffed ward of senior therapy staff before the unit was shut down. SRH have a large proportion of junior staff and until recently they were understaffed. More band 5 OT's have just been recruited but are not specialists. This is impacting upon discharge planning and there have been several adverse events - due to the lack of experience.
- Why can't we flip option 1 and make South Tyneside the acute stroke unit?
- Why does option 1 impact show positives yet option 2 and 3 are all negatives?
- Wording suggests option 1 is best and decision has been made.

Ambulance

- Has the impact on the ambulance service of increased emergency and transfer to Sunderland been assessed?
- Has the ambulance service been fully consulted and said they could cope?
- Why is there no one from the ambulance service here?
- Can we be assured that the ambulance service will be resourced to ensure patients are transported to hospital in time?
- My worry is that the ambulance service don't seem to have been consulted yet or at least at the same time as the public consultation.
- How can the ambulance service ensure that stroke patients are prioritised and not delayed as in current government proposals? Can the 111-service put the question of whether the patient is having a stroke/heart attack very early on in their list of questions to ensure timely arrival of ambulance?
- The ambulance service are the keystone to your plans for stroke services. Why are the ambulance service not present at these consultations and why have you not consulted with them so far?
- Will resources be put in place? Have they been fully consulted?

Travel and transport

- Pg. 92 - Both hospitals are 800 meters from the metro? I dispute this (we still work in miles and yards in this country).
- Pg. 94 – A car journey from South Shields to SRH is 10 to 20 minutes. Maybe if the roads are empty and you're breaking the speed limit!
- Bus journey times – there's a need for two buses to get to SRH. They now stop in John Street so that's extra walking time to the bus interchange. What do you do in the early

hours? Stagecoach is a private company for profit so how will you improve this for both hospitals as per pg. 96?
- Could it be possible for any future document to be proof read so as to avoid nonsensical statements? Especially 'six minutes' from South Tyneside to Sunderland? It is blatantly obvious that this is incorrect and this has caused more negative attitudes to the proposals, which could have been avoided.
- How can we perceive South Tyneside as being too far away? In many other areas of the country centres of excellence are much further apart.
- What about the family/visitors it's better for people/patients' closer to home.
- Are we considering clinical impact of traveling to Sunderland from South Tyneside. Nerve-wracking - attending.
- Will we have to pay more for car parking in Sunderland?
- Have the patients and relatives been asked how they feel i.e. travelling time, visiting time spent together? Is this information recorded?

Process
- How much does the 'inadequate facility' get paid for this?
- Newspaper and MP says clinicians are not involved. Documents state clinicians were involved in the production. What's the truth?
- Please explain who the 'senior therapy staff' were, who were consulted with according to the documentation. No therapy staff were consulted in stroke services at South Tyneside. Were only medical staff involved in the discussions and if so why? Stroke being a multi-disciplinary service.
- Can you clarify how SRH record their data? Acute patients are admitted to E58 and are then moved onto F61 for their rehabilitation. Is this recorded as a combined loss? My concern is the South Tyneside data is based on the whole patient journey recorded on acute stroke unit (including their rehabilitation). If only the LOS at E58 is recorded I don't feel patients are being given accurate information.
- Why are the options all weighted to Sunderland? There is no balance, no consideration of flipping them the opposite way. Why should South Shields lose everything? Improve pathways rather than closing services.
- How will the referral process be improved between SRH and South Tyneside Community Stroke Team (CST)? Currently South Tyneside CST has very limited access to medical/therapy notes and very scant information on referral term. This has an impact on initial quality of care CST can provide.

Outcomes
- Is there evidence to prove that the temporary closure of stroke ward in South Tyneside has not had an adverse effect on patient care?
- After having a stroke, how likely is it to have a second event within a few days?
- Is it true patients who are medically fit are being discharged before their rehabilitation is complete?
- Sunderland and South Tyneside are both D rated. Why would increasing workload on stroke unit guarantee a higher rating? It's more likely to be an E rating.
- One-third of stroke patients suffer post-stroke depression. If family and friends cannot get to Sunderland to visit, will this not make the situation worse and put strain on other services?

- Please can you explain the criteria for deciding who is or is not suitable for thrombolysis?
- Sunderland has well established community discharge, it's different in South Tyneside.

Workforce

- Is there a freeze on recruitment in general in the NHS?
- How are jobs advertised?
- Why can't we recruit to South Shields? Is South Tyneside being run down and downgraded?
- Why are we confident recruiting to Sunderland would be successful?
- What makes you think CHS and a bigger team with attract new consultants? What happens if it doesn't and can't recruit?
- Admin costs in NHS is now 17% rather than 4%, 15 years ago and they're constantly rising. That is where savings could be made - £1m on agency doctors would cover it.
- Can staff be rotated between Sunderland and South Tyneside?

General questions

- The CCG say that these proposals are not financially driven. Yet, the following pages in the booklet state savings to be made as follows: pg. 48 – Option 1 savings of £510k, pg. 67 - savings of £1.13m/£1.16m, pg. 73 - saving of £220k.
- I have been informed that if the CCG do not bring in these reforms then Mr Hunt will put in a special team to implement them. He has written a book on how to dismantle and privatise the NHS. Is it true that the government are hiring people to do just this?
- I believe in democracy and have almost 20k signatures against these proposals. This is our health service paid for by tax payers. Access to health care is a right of all in modern society and we demand that it must be guaranteed.
- Is South Tyneside being run down?
- The figures of 283 in South Tyneside and 569 in Sunderland is based on 2015/2016 which is proof it has been run down since then.
- Is this about money? Consultant doctor says: pg. 48 – Option 1 savings of £510k, pg. 67 - savings of £1.13m/£1.16m, pg. 73 - saving of £220k.
- The document doesn't allude to any of the problems presented by working between two services – an inpatient team at SRH and a community team serving the South Tyneside area. As a community team, we are experiencing great difficulties in the referral process and in receiving adequate information about new community patients. We have very limited access to medical therapy notes and therefore often essential information is not passed onto our team which can then impact upon the quality and timeliness of the service we provide. This was not an issue when the ASU was at South Tyneside as we fostered close links with both the ASU staff, cross-working between inpatient and community as required to provide a seamless service for our patients. This is very difficult to achieve when our patients are receiving their inpatient rehabilitation out of the area and as a team we do not feel this division represents a path of excellence

Date	19th July 2017
Venue	Living Waters Church, South Tyneside
Event	Focused event on stroke services
Time	6 – 8pm
No. of people on table	4
People	Patients and public
Facilitator	Jo Farey
Scribe	Gavin McPake
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Thoughts on what we have heard so far?
- Farce, John Scott already moved to Sunderland some time ago. - Get rid of admin costs in the NHS – too much cost here. Finance is the only interest here – shared view around the table. - Cost saving costs are too big and this is the problem. - Government policy is poor on staff recruitment. Ran on overseas senior posts and not enough nurse training. = What happens is an impatient at STFT has a stroke? This question was answered by John but it should be on the FAQ list.

Table discussion on stroke services

Option 1, option 2 and **Option 3** – stroke services
What are your initial thoughts on option 1, option 2 and option 3?
- Transport is key and should be getting discussed today too. Patient visitors struggle to travel so mental health issues for patients. - NEAS not consulted yet.
What are the positive aspects of this option?
+ Repatriate once healthy so prefer options 2 or 3 – depends on medical fitness.
What are the negative aspects of the option?
- How are option 2 and 3 be options as the service is already closed. - Dispute on some of the figures –should use numbers and not percentages.
What could be improved?
- It feels like the alternative options are just paying lip service, so…. Option 4 – flip options over for other services – move some from Sunderland STFT.

Date	19th July 2017
Venue	Living Waters Church, South Tyneside
Event	Focused event on stroke services
Time	6 – 8pm
No. of people on table	5
People	Patients and public
Facilitator	Susan Joyce
Scribe	Susan Clarke
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- Respecting each other
- Everyone has a say
- Phones switched off

Thoughts on what we have heard so far?
+ If a stroke happened to me I would want to be where experts are. = Fully take on board movement of acute services to a specialist unit. But don't think it's in publics best interest to take people out of area. Not be able to visit, public transport alienating families. = No concerns about acute/hyper-acute in Sunderland but to consider rehabilitation in South Tyneside. + Bought in completely to centre of excellence – we can't have a hospital in every corner. - Details on issues of recovery, parking, rehabilitation need to be considered. = My concern is not just stroke but how Sunderland hospital will cope with all services. = ASN closed in South Tyneside so would be interested to know how this has gone, what it looks like as a therapist picking people up? - Sunderland communication is poor, different computer systems, resistance from both hospitals to work together, unable to get notes even looking address up on systems – takes time out. = How long will people be staying on the unit? = Is the length of stay measured in South Tyneside acute care/rehabilitation same unit – Sunderland acute unit then transferred to HUME unit – measures take only on acute not on both units so looks like shorter length of stay in Sunderland. - What observed happening as a team after a couple of week discuss 24-hour care – feel as a team that's not enough therapy – need a good stint of rehabilitation to determine this. More people moving into 24/7 care – should be looking at returning to home care with longer therapy. = No-one on this table opposed to acute/hyper-acute services, needing to change, all agree. Concern around detail, logistics. = Biggest consensus on table was having some inpatient rehabilitation mainly in South Tyneside. = Therapy staff in Sunderland moved to 7 day working week and not funding more staff –taking staff off the unit to cover this. This will reduce therapy time on ward. = Not so much service is being moved, is this just the start? Where is it going to end?

Table discussion on stroke services

Option 1 – stroke services
What are your initial thoughts on option 1?
+ Clinicians/medical professionals favour this option, makes me think it was best option. = Path to excellence means we need to have specialist therapists as well as specialist medical staff. = Expectation about what qualified staff will be in place on acute ward.
What are the positive aspects of this option?
+ Believe we can sort out travel issues for patients. + According to Health Watch hearing people would rather go somewhere competent to deliver care if skills are there? + Rehabilitation - people want to have it closer to home. + For my family, I would want to know that they're taken somewhere for specialist rather than fingers crossed approach. + One tick for this option.
What are the negative aspects of the option?
- No differentiation between front line medical staff - not what comes after. Therapists in South Tyneside were all band 6/7. Specialist therapy patients progressed to good level it's not happening now. Good therapists in Sunderland (band 5) are not the same level of expertise as the therapy staff that were in South Tyneside. - People working in therapy in South Tyneside were senior therapists – the therapists in Sunderland are not. Not criticising, but I'm finding we're picking up issues in the community stroke team due to their lack of experience. - There are some senior staff but there are a lot of junior staff. The experience is needed to be spread over 40 patients. South Tyneside uses different systems to Sunderland – information has not been passed with patient back to community. - It states in documentation that therapy staff have been consulted – no South Tyneside / Sunderland therapy staff have been.
What could be improved?
= Sustainability, not getting more money, so it's important to preserve what we have in a reasonable travel issue.

Option 2 and **Option 3**– stroke services
What are your initial thoughts on option 2 and option 3?
= Inclined to think option 2 and 3 are better for the people of South Tyneside if the rehabilitation meets high standards. Whether 3/7 days is the magic number – but to have rehabilitation close by.
What are the positive aspects of this option?
+ Option 2 and 3 – if fully funded specialist care then two ticks. + Option 2 – if longer time in one place and patients are not moved to quickly then two ticks.
What are the negative aspects of the option?
What could be improved?

Date	19th July 2017
Venue	Living Waters Church, South Tyneside
Event	Focused event on stroke services
Time	6 – 8pm
No. of people on table	4
People	2 NHS staff and 2 patients and public
Facilitator	Cara Charlton
Scribe	Michael Barlow
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Thoughts on what we have heard so far?
= How can we implement the proposals whilst reducing expenditure? = Why is there a shortage of stroke specialist staff? = Is there a training strategy to train staff locally to fill gaps? = Are the same recruitment problems elsewhere in the UK? = Can we make South Tyneside more attractive to come and work? = National training strategy is not working to get nursing staff trained and into NHS – especially mature students not able to afford it. = Could NHS use apprenticeship levy to help fund training?

Table discussion on stroke services

Option 1 – stroke services
What are your initial thoughts on option 1?
= Care is most important – highest standard is best. = Would there be provisions for patients who end up on end of life care to be repatriated earlier to South Tyneside for family's sake (travel). = Is care parking more expensive at SRH than STDH?
What are the positive aspects of this option?
+ Additional bonus of £510k savings for re-investment. + Provides best outcome for patients.
What are the negative aspects of the option?
What could be improved?

Option 2 and **Option 3**– stroke services
What are your initial thoughts on option 2 and option 3?
= Would repatriated patients after 3 or 7 days start the process again if a secondary stroke occurs?
What are the positive aspects of this option?
What are the negative aspects of the option?

What could be improved?

Date	19th July 2017
Venue	Living Waters Church, South Tyneside
Event	Focused event on stroke services
Time	6 – 8pm
No. of people on table	3
People	Patients and public
Facilitator	Gillian Johnson
Scribe	Hannah Jeffrey
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- Everyone has a point of view – listen

Thoughts on what we have heard so far?
= More money is needed. - Pressures on staff – recruitment freezes. = Where's the evidence that we can't recruit in South Tyneside? How many times has the recruitment process run and been unsuccessful? = Why are we more confident recruitment to Sunderland will happen? = Innovative ways to recruit staff. = Can staff not be rotated? - Importance of speed and transport – the assumption that everyone has a car. - Nervous/nerve-racking using publics transport.

Table discussion on stroke services

Option 1 – stroke services
What are your initial thoughts on option 1?
= Is there enough capacity in Sunderland (beds)? = Agree staff skills need to be a priority. = Why isn't Newcastle and option?
What are the positive aspects of this option?
What are the negative aspects of the option?
- Need to think about visitors. Distance to travel. Impacts on recovery. Cost of travel for family/visitors - Don't like this option - Family need to travel - They want to be treated locally - Feeling decision has already been made.
What could be improved?
= Can option not be flipped – stroke unit is in South Tyneside. Why is this? = Have one team who rotates across both sites?

Option 2 – stroke services
What are your initial thoughts on option 2?
What are the positive aspects of this option?
+ Closer to their family, more quickly.
What are the negative aspects of the option?
- Need to think about family travelling. - If not as good, then go with option 1 – why consider other options? We can't stretch other teams – still don't agree with option 1.
What could be improved?

Option 3 – stroke services
What are your initial thoughts on option 3?
What are the positive aspects of this option?
+ Preferred option – acute care close to home.
What are the negative aspects of the option?
- Concerns that other teams will be stretched as a result of this option.
What could be improved?